

REGULATORY INFORMATION SERVICE CENTER

Regulatory Information Data Form

For additional forms and information, contact the Center, General Services Administration, 1800 F Street NW., Suite 3039, Washington, DC 20405. Telephone (202) 482-7340

DEPARTMENT/AGENCY AND BUREAU/OFFICE ISSUING REGULATION	REGULATION IDENTIFIER NUMBER (RIN), IF KNOWN. (OTHERWISE ENTER AGENCY CODE.)	REGULATORY FLEXIBILITY ACT SECTION 610 REVIEW (Check appropriate box if applicable.) ~ Section 610 Review (Planned or Current) ~ Completion of a Section 610 Review ~ Rulemaking Resulting From a Section 610 Review	
TITLE OF REGULATION			
PRIORITY Include in the Regulatory Plan: ~ Yes ~ No Priority Category: (Please select one.) ~ Economically Significant ~ Substantive, Nonsignificant ~ Informational/Administrative/Other ~ Other Significant ~ Routine and Frequent Subject to section 202 of the Unfunded Mandates Reform Act (PL 104-4): ~ Yes ~ No ~ Undetermined (If Yes, check all affected categories.) ~ State, local, or tribal governments ~ Private sector Major under 5 USC 801 (PL 104-121): ~ Yes ~ No ~ Undetermined			
LEGAL AUTHORITY ~ Not Yet Determined ~ Check here if there are additional legal authorities not listed below			
CFR CITATION ~ None ~ Not Yet Determined ~ Check here if there are additional CFR citations not listed below			
LEGAL DEADLINE ~ None			
ACTION	SOURCE	DEADLINE DATE	DESCRIPTION
~ NPRM ~ Final ~ Other	~ Statutory ~ Judicial	/ /	
~ NPRM ~ Final ~ Other	~ Statutory ~ Judicial	/ /	
~ NPRM ~ Final ~ Other	~ Statutory ~ Judicial	/ /	
~ NPRM ~ Final ~ Other	~ Statutory ~ Judicial	/ /	
~ NPRM ~ Final ~ Other	~ Statutory ~ Judicial	/ /	
OVERALL DESCRIPTION OF DEADLINE			

ABSTRACT (Attach additional sheet if necessary. For Regulatory Plan entries in October editions, attach additional sheets to report Statement of Need, Summary of Legal Basis, Alternatives, Anticipated Costs and Benefits, and Risks.)

TIMETABLE ~ Next Action Undetermined (Attach additional sheet if necessary. Contact RISC for Information about arranging Timetable by subgroups.)

If the "Next Action" is not one of the standard actions printed on this form, please indicate the stage: ~ Prerule ~ Proposed ~ Final

(If the "Next Action" is more than 1 year after publication of the Agenda, the stage will automatically be "Long-Term." If the Agenda entry is completed, please indicate by a check in the completion column which action has completed the rulemaking. Check only one line.)

ACTION	DATE	FR CITATION	COMPLETION
ANPRM	/ /	FR	
ANPRM Comment Period End	/ /	FR	
NPRM	/ /	FR	
NPRM Comment Period End	/ /	FR	
Interim Final Rule	/ /	FR	
Interim Final Rule Comment Period End	/ /	FR	
Interim Final Rule Effective	/ /	FR	
Final Action	/ /	FR	
Final Action Effective	/ /	FR	
Begin Review of Current Regulation	/ /	FR	
End Review of Current Regulation	/ /	FR	
	/ /	FR	
	/ /	FR	
	/ /	FR	

REGULATORY FLEXIBILITY ANALYSIS REQUIRED

(If your answer to this question is "No" or "Undetermined," you may wish to complete the optional question "SMALL ENTITIES AFFECTED" to indicate some impact on small entities.)

Is an analysis required by the Regulatory Flexibility Act because this rulemaking is likely to have a significant economic impact on a substantial number of small entities?

~ Yes ~ No ~ Undetermined

If Yes, check affected small entities (Check all that apply.) ~ Businesses ~ Governmental jurisdictions ~ Organizations

SMALL ENTITIES AFFECTED (Optional question) Is this rulemaking likely to have some impact on small entities? ~ Yes ~ No

If Yes, check affected small entities (Check all that apply.) ~ Businesses ~ Governmental jurisdictions ~ Organizations

GOVERNMENT LEVELS AFFECTED

Effects on levels of government:

~ Yes ~ No ~ Undetermined

If Yes, check affected governments (Check all that apply.) ~ State ~ Local ~ Tribal ~ Federal

FEDERALISM IMPLICATIONS

Is this rulemaking likely to have "federalism implications" as defined in Executive Order 13132?

~ Yes ~ No ~ Undetermined

PROCUREMENT

Is this action related to procurement? ~ Yes ~ No

If Yes, please answer the following questions: Is this action required by statute? ~ Yes ~ No

Does it involve a paperwork burden? ~ Yes ~ No ~ Undetermined

AGENCY CONTACT (If more than 1 contact, attach additional sheet.)

First Name:	Middle Name:	Last Name:	Prefix: (COL, Dr., etc.)	Suffix: (Jr., Sr., etc.)
Title:				

Contact Agency Code: <i>(Fill in only if contact person's address is at an agency other than the agency issuing the regulation.)</i>		
Address: <i>(Put room number or mail stop, if any, on first line of address.)</i>		
Telephone:	FAX:	TDD:
E-Mail:		
ADDITIONAL INFORMATION <i>(Optional)</i>		
AGENCY SORT CODES <i>(Optional)</i>		
1.	2.	
COMPLIANCE COST TO THE PUBLIC <i>(Optional)</i> <i>(Do not enter dollar signs, commas, or decimal points. Negative numbers are OK.)</i>		
Initial (Administrative Startup and/or Capital) Cost: \$ Yearly Recurring (Annual Operating) Cost: \$ Base Year of Your Dollar Estimates:		
AFFECTED SECTORS <i>(Optional)</i> <i>(List up to 10 NAICS Codes or check applicable box.)</i> ~ Multiple ~ All		
RELATED RINS <i>(Optional)</i>		